VS A15 (4) 1SM 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11150 CERTIFICATE OF DEATH

11143

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Carol	i ne	MARY	LAND	2. USUAL RESIDENC o. STATE	E (Where deceos	b. COUNTY	~		admission)
	(If outside corporate limi		c. LENGTH OF STAY			Goldst	porote limits, write F	RURAL ond gi	ve neare	est town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	Non	oddress)		d. STREET ADDRE	SS	None			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Myra	st	Fleming		Bradley	4. DATE OF DEATI	10)th {	3 Doy	Yeor 58
5. SEX Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI		8. DATE OF BIRTH	37	9. AGE (In years lost birthday) 71 yrs.	-		F UNDER 24 HRS. Hours Min,
during most of word Housew.	ION (Give kind of work wind life, even if retired	done 10b.	None	R INDUS		(Stote or foreign	country)		J.S	WHAT COUNTRY?
13. FATHER'S NAME	Nathan	Fle	ming		14. MOTHER'S MAIL	DEN NAME	No Reco	brd		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR Ill yes, give war or dates of s	CES? 16.			sie B. S	Smith C	Add	Iress	ary.	land
	the under-)	Cardio-	rena	al Diseas		sis			VAL BETWEEN T AND DEATH
ICATIO	THER SIGNIFICANT CON							VEN IN PART		WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	10	or 20d. I	NJURY OCCURRED Not while	20e. PLA	. (Enter nature of inju CE OF INJURY IHome ory, street, office bldg	, form, 20f. (Ci		(Ce	ounty)	(Stote)
21. I certify the alive on	hor I affended the Oct. 8 Level X/1 Charles H	deceos	ed from Sep	death	occurred o8:3	ADDRESS (8, 19 5 om the couses of Street, city or town, Oro, Md	ond on the	e date	stated above DATE SIGNED
REMOVAL (Specify Burial	10/11/	58	Busic	ETERY OR		Near	ATION (City, town, r Barcla	y. M		(Stote) Land
23. FUNERAL DIRECTOR	r's signature relocal	Proj	ADDRESS OM SOFORO.	m	1	OCT 1 5 '5		Lun S. F		

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TE OF DEATH	TADRITUDE CERTIFICAT
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MARYLAND	STATE DEPARTMENT	OF HEALTH	-BALTIMORE, 18	
11151				

11151 CER	TIFICATE OF DEATH	

	Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY Ca roline MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION None	d. STREET ADDRESS None c. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Charles	Dennis 4. DATE Month Doy Yeor OF DEATH 10 19 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 3/30/1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIEST TO THE PORT OF BUSINESS OR INDUSTRIEST OR BUSINESS O	Virginia 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Albert Dennis	14. MOTHER'S MAIDEN NAME Sarah Emery
(Yes, no. es-unknown) I (If yes, give war or dates of service)	nformant Address nna Dennis Greensboro, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ngrene of foot Interval between ONSET AND DEATH
gove rise to immediate DUE TO	ripheral Arterial Disease meralized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 260 X Diabetes	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work of work 19 of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
ACTUAL CIPLO XI CHEROLI	accurred at 11 P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D. Greens boro, Md. 10/22/58
PHYSICIAN'S Charles H. Stonesifer, M.	
220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 10/23/58 Greensbore	Greenshoro, Maryland
23. FUNERALDIRECTOR'S SIGNATURE ADDRESS A COLOR OF MACONING	Mel, DATE OCT 2 7 '58 Colling & thous

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VS A15 (4)

15M 10/57

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	signed by the ottending physician and completely filled in by the grerol director,	sit permit. Then please remaye carbon papers. Pages 1 and 2 she be filed with	(
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11152 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Caroline Caroline Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest town)
Greensboro Yrs. Greenshoro d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM None None YES NO 3. NAME OF 4. DATE First Middle Lost Year DECEASED OF DEATH F. Euker 10 Herman (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years (est-birthday) Months Dovs Hours Male White WIDOWED M DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even it retired) etired Carpenter New York U.S.A. Retired None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christina Heanrich Henry Euker 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Joseph Simpson Greensboro. Md. No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Coronary Thrombosis 420.1 **DUE TO** Arteriosclerotic Cardiovascular Conditions, if ony, which gove rise to immediate Disease DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1957, taOct. 28, 19 58, that I last saw the deceased 21. I certify that I attended the deceased fram Mar. 10 and that death accurred at 10 A.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Greensbero, Md. PHYSICIAN'S NAME (Type) Charles H. Stonesiffer, M.D. 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Ridgely Ridgely, Maryland 23. TUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATENOV 3

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11153

CERTIFICATE OF DEATH

					Keg. Dist. No.
1. PLACE OF DEATH	aroline	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY	Residence before admission) Caroline
	(If autside carporate limits, whearest tewn)	c. LENGTH OF STAY IN 16	1	outside corporate limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	Near Howard		d. STREET ADDRESS Near Howa	ard's School	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary	Jane Middle	Haynes	4. DATE Manth OF OCTOR	
5. SEX Female	Norma	MARRIED NEVER MARRIED DOWED DIVORCED	November 25	lost birthdovt	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION during most of work Housek	rking life, even if retired)	10b. KIND OF BUSINESS OR INDI Home		or foreign country) Co., Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Willi	iam Beulah		Eliza Hor	rner	
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service		Mary M. Flamer	r, Preston, Mary	
23/X Conditions, if a gove rise to a couse (a), stating lying couse last.	immediate DUE TO	Hypertens	L'an)KKHAGE	73161445
САТС					N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 206 G CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
ZOc. TIME OF INJUI Hour o.m. p. m.	10	20d. INJURY OCCURRED 20e. 1 While Not while 1 It wark at wark	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f. (City or tawn)	(County) (State)
21. I certify the alive an actual signature Physician's NAME (Type)	hat I attended the de		/K., 1955, to (V) h accurred at 6:30 M.D. 507		that I last saw the deceased and an the date stated above DATE SIGNED DENTOY MA
220 BURIAL CREMATIC REMOVAL (Specify BULLAL	Oct. 5, 19	22c. NAME OF CEMETERY S aint Pau		22d. LOCATION (City, town, or Near Federals	
23. FUNERAL DIRECTOR	er's signature om and Son, F	ederalsburg, Mar	yland 240. REC		RAR'S SIGNATURE

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ADDRESS

J.J. Framptom and Son, Federalsburg, Maryland

15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

IS RESIDENCE
ON A FARM?

U.S.A.

(County)

24b. REGISTRAR'S SIGNATURE anthur S. Krous

24g. REC'D BY REGISTRAR

DATE OCT 1 7 '58

ONSET AND DEATH

men

WAS AUTOPSY PERFORMED? YES 🗍

(Stote)

NO

(State)

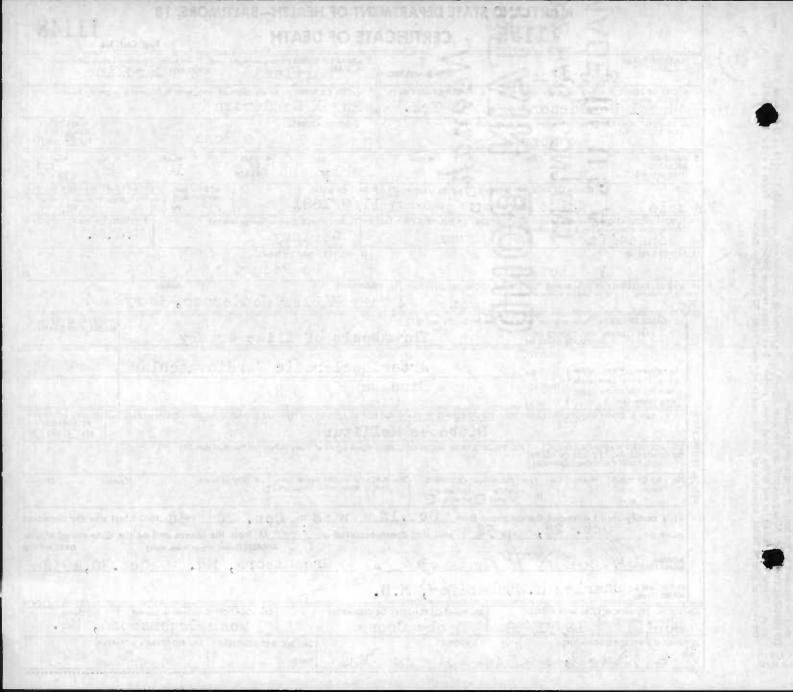
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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director,	page 3 should the proched for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 st be filed with	the registrar priar to burial, cremation, ar remaval, and in any event within 72 house after death.	
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VS A1S (4) 1SM 10/S7

	o. COUNTY	la roline		MARY	LAND	o. STATMaryl	and	b. COUNTY				sion)
	RURAL ond give n	orest town) ienderson	its, write	c. LENGTH OF STAY 38 Yrs		c. CITY OR TOWN (I			URAL ond	give ne	arest tawr	n)
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, ${ m Non}$		oddress)		d. STREET ADDRESS		None			e. IS RES	FARM?
	NAME OF DECEASED (Type or print)	Annie	rst	Middle		Pably	4. DATE OF DEATH	10		28	3	Yeor 19 58
	Male	8. COLOR OR RACE White	7. MARI	RIED NEVER MARRIE	_	B. DATE OF BIRTH 11/7/1881		9. AGE (In years restricted by birthdoy) yrs.	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
10c	during most of wor Housewi	ON (Give kind of work king life, even if retired LIE	done 10b.	None	R INDU	STRY 11. BIRTHPLACE (SIG	ole or foreign co	ountry)		S.		COUNTRY
	FATHER'S NAME	? Hoff					Record					
IS.	O unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	None	M	ary Kibler	r Hend	erson,		ylaı	nd.	
	PART I. DEA 4-2-2.1 Conditions, if o gove rise to i couse (o), stoting lying cause lost.	mmediate the under-)))	Th Ar Di	rom ter sea		c Car	diovascı		ONS	ERVAL BE	DEATH
CERTIFICATION	260X			Diabetes	Me				EN IN PA	RT 1(o) 1	PERFC	AUTOPSY ORMED?
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			CCURRE	D. (Enter noture of injury i	in Port I or Part	III of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. II While of wor	NJURY OCCURRED Not while of work	20e. PL	ACE OF INJURY IHome, fo ctary, street, office bldg., e	orm, 20f. (City etc.)	or town)		(County)		(Stote)
	actual	oct of attended the Oct. 28.	18	reex for	death	occurred at 9:2.	ADDRESS (St	28 , 1958 of the causes of reet, city or town, Md.	and on t	the da	te state	ed abave
220	10770	N. 22b. DATE THEREC		22c. NAME OF CEME				non (city, town, cear Gree	or county)	oro	(Stot	e) d.
230	FUNERAL DIRECTOR	s signature ,	Le	ADDRESS	20,	md. DATES	c'd by regist		STRAR'S SI			



11149

1	MARYLAND ST	TATE DEPARTM	ENT OF HEALTH-BALTIA
	11156	CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH o. COUNTY	eroline	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland
			ļ

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	aroline		MARYLAND	II O STATE	Maryla		l. If institution b. COUNTY		before admission)
b. CITY OR TOWN (RURAL and give n Federals	If outside corporate limit garest town) burg	ts, write	c. LENGTH OF STAY IN 18		town (If outs Federal		mits, write R	URAL ond giv	ve nearest town)
d. NAME OF HOSPI OR INSTITUTION 302	TAL (If not in hospitol, gaple Avenue	ive street	oddress)	d. STREET	ADDRESS Maple 1	Avenue			e. IS RESIDENCE ON A FARM? YES NO 📆
3. NAME OF DECEASED (Type or print)	Fin Harr		Middle	Sharpless		OF DEATH	Oct	m ober	^D 26 Yeor 58
s. sex Male	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	January		9. AC	E (In years birthday) yrs.		YEAR IF UNDER 24 HRS. Days Hours Min.
Retired Ma	king life, even if refired)		kind of Business or ine			foreign country			S.A.
13. FATHER'S NAME				14. MOTHER	MAIDEN NAM	ME			
Henry Sh	arnless			Ur	knovn				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	. INFORMANT			Add	ress	
(Yes, no, or unknown) No	(If yes, give wor or dates of se			Mrs. Sara	D. Sha	arpless	Fede	ralsbu	rg, Md.
Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH	mmediate the under- (c))	Garaly ONTRIBUTION OF ATH B	UT NOT RELATED TO	Agit OTHE TERMINA	AL DISEASE CON	IDITION GIV	EN IN PART	Syo I(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WA	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature o	af injury in Por	t I or Port II of	item 18.)		YES NO
20c. TIME OF INJUR Hour o. m. p. m.		While	Not while of work	PLACE OF INJURY foctory, street, office	Home, farm, e bldg., etc.)	20f. (City or to	wn)	(Co	unty) (State)
actual signature	nat I attended the	19.6	S,_, and that dea	th accurred at	ad eralsbu	M, fram the	couses of ity or town, yland	and on the	ist saw the deceased date stated above DATE SIGNER 10–27–58
	ON, 226. DATE THEREO	F	22c. NAME OF CEMETERY Hill Crest		22	d. LOCATION (City, town, class	or county)	land (State)
23. FUNERAL DIRECTOR J.J.Frampt		Fede	ADDRESS eralsburg, Ma	ryland	240. REC'D E	REGISTRAR	24b. REGIS	STRAR'S SIGN	IATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

10 FUNERAL DATE TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should detached far use as the burial-transit permit. Then please remove corbon pagers. Pages 1 and 2 and 3 and 2 and 2 and 3 a may be retained by the haspital or attending physician.

O FUNERAL BY TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after depth. VS A15 (4) 15M 9/55

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11150

	921111111		P	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If outside carporate limits, write	LENGTH OF STAY IN 16	11/1/	ide carporote limits write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print) CHARLES	AND RE	W TAYLOR	DATE OF Month DEATH	Day Year 8
M WIDOWED		B. DATE OF BIRTH	lost birthdoy) A	FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDI	ISTRY 11 BIRTHPLACE (State or	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S MANIE Pratt T.	Taylor	14. MOTHER'S MAIDEN NAM	é Dill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)		ura Cherles	Taylor, Address	stong led,
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (0), (6), and (c).]	elos Penal	Ofserese!	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.			U	
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURR	D. (Enter nature of injury in Part	1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour a. jr. While at wark	Not while fo	ACE OF INJURY (Hame, form, ictary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on 1958	/	, 1955, to Q	A Comment of the Comm	that I last saw the deceased d an the date stated above
ACTUAL SIGNATURE DAY TO	900091		DRESS (Street, city or town, sta	
PHYSICIAN'S DAWSDA O	George	2		
220. BURNAL, CREMATION, REMOVAL (Specify)	DC. NAME OF CEMETERY	OR CREMATORY 22	d. LOCATION (City, town, or o	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	low, lug DATE OCT	Y REGISTRAR 246. REGISTR	ZAR'S SIGNATURE

funeral director, d be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIFFEROR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 9/55 M

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11151

11158 CERTIFICATE OF DEATH

Reg. Dist. No.

	After After After the				wag.	P181. 140.
1. PLACE OF DEATH o. COUNTY	Caroline	MARYLAND	2. USUAL RESIDENCE (W o. STATE MAI		and and the same a	ence before admission) roline
b. CITY OR TOWN (I	f outside corporate limits, writ ISDUIG	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lie leralsburg		d give nearest lown)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give stre 320 North Mai		d. STREET ADDRESS / 320 North	Main Str	eet	15 RESIDENCE ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	John	Middle Smi.th	Taylor	4. DATE OF DEATH	October Month	5 ^{Doy} Yeor 58
5. SEX Male	9.91. 9.4.	ARRIED NEVER MARRIED NEVER DIVORCED	8. DATE OF BIRTH November 29,	1904 9. AG	E (In years IF UND birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION during most of world Polishing	ON (Give kind of work done I king life, even if refired) Room Foreman	Maryland Plasti	stry 11. BIRTHPLACE (Stole	2.5		U.S.A.
13. FATHER'S NAME	m -		14. MOTHER'S MAIDEN			
	Taylor		Eva G. Mi	urpny		
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		informant irs. Bruce A.	Hartzell	Federals	burg, Md.
	ATH [Enter only one couse pe TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		tri Fai	lune		INTERVAL BETWEEN ONSET AND DEATH
281.1	DUE TO	C D	1	1,000	:	7 Suc
Conditions, if o gave rise to i couse (a), stoting lying cause lost.	mmediate (DUE TO	mil	nutritis	n		yen
PART II. OTH	HER SIGNIFICANT CONDITION	AS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CON	DITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Part II of	item 18.)	
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year 200 19 of the	1 4-	LACE OF INJURY (Home, fari actory, street, office bldg., et	m, 20f. (City or to	vn)	(County) (Stale)
21. I certify the	onat I attended the dece 0 - 5 , 19	eased fram $9-8$ 9.58 , and that death	n accurred at 4:10	M, fram the	causes and an	I last saw the decease the date stated above
ACTUAL SIGNATURE	11677	ingmill	MD. 126 Blo	ADDRESS (Street, o		DATE SIGNED
PHYSICIAN'S NAME (Type)	H. R. Trap	neli, M.D.	Federal	shurg	Maryland	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	Oct.8, 1958	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, lown, or county, sburg, Ma	(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	
J.J. Frampte	om and Son. Fe	deralsburg, Mar	y Land	PI I T OO		2. 7 0 Danion

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BURNES AND A			Office (No. 1971)	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		38		ie or burtin	•		Reg. Dist. 1	No.	-
	Caroline		RYLAND	o. STATE Mary		lived. If institution b. COUNTY	Residence b		sion)
b. CITY OR TOWN (If ou RURAL and give neores Rural Ridge	st lown)		YIN ID	c. CITY OR TOWN (IF of Rural Rid		ote limits, write Rt	JRAL ond give	nearest low	n)
d. NAME OF HOSPITAL (OR INSTITUTION	(If not in hospital, give :			d. STREET ADDRESS	N	Tone		e. 15 RES ON / YES	FARAI?
3. NAME OF DECEASED (Type or print)	Raymond	Midd	-	lost	4. DATE OF DEATH	Mont 10	h	Day 4	Yeor 1958
Male	Col. w	MARRIE NEVER MAR	ED 🗆 2	DATE OF BIRTH 2/1/1905		9. AGE (In years last burthday) 9. Yrs.	Months Day	AR IF UND	
100. USUAL OCCUPATION (during most of working La boror	(Give kind of work done life, even if retired)	None	OR INDUSTR	11. BIRTHPLACE (Stote of Maryl		untry)	U . S	OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN N					
(George Th	omas		Carri	e Pri	tchett			
15. WAS DECEASED EVER IN (Yes. no or unknown) (If ye	U. S. ARMED FORCES: is, give wor or dates of service			ORMANT Viola Thom	as I	Ridgely		land	
Conditions, if ony, gove rise to imme couse (o), stoling the lying couse lost.	odiote DUE TO (c)	DRONEN	0 -	TNEWY		A		48	(+),
3 Carricel	thell w	Tion, the	reko	or related to the termin	seiz	was	EN IN PART 1(o	PERFC	AUTOPSY PRMED?
	NDERLYING 20b CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED. ((Enter noture of injury in Po	ort I or Port	II of item 1B.)			
20c. TIME OF INJURY / Hour o. m.	10 V	Not while Not while the work of work	20e. PLACI factor	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City	or town)	(Coun	(۲)	(State)
21. I certify that olive on OCT ACTUAL SIGNATURE	1 attended the de		at death o	ccurred at 5 15A	_M, from	the causes at seet, city pr town, s		lote state	
NAME (Type)		H. Winnaco			Sid	Gely	Ind		
220. BURIAL, CREMATION, REMOVAL (Specify) BUT 181	226. DATE THEREOF 10/7/58	Dento		REMATORY	Dento	on (City, town, or	yland	(Stot	e)
23) FUNERAL DIRECTOR'S SIG	chature lacs &	breens la	200	md DATE OF	BY REGISTR		TRAR'S SIGNAL		

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VS A15 (4) 1SM 9/5S

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ENDING PATSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4		R: After this certificate has been signed by the attending physician and completely filled in by the uneral director.	ached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2" Ald be filed with	
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2	he haspital or attending physician.	Affe	ed	burial, cremation, or remayal, and in any event within 72 hours after death.
2	he	.:	och	buri

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
11160	CERTIFICATE	OF	DEATH	

11153 Reg. Dist. No.

									LAR. DIST.	. 110.	
1. PLACE OF DEATH o. COUNTY	aroline		MARYL		2. USUAL RES	Maryl		lived. If institution b. COUNTY	Caro		níssian)
RURAL and give ne	foutside corporate limi orest town) 1 — Rural	ts, write	c. LENGTH OF STAY I	N 16	c. CITY OR		utside corpo	rote limits, write R Rural	URAL and giv	ve nearest to	own)
d. NAME OF HOSPITA OR INSTITUTION	Near Smit	ive street hson	oddress)		d. STREET		Smith	son		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Mari.		Middle		Worm	sf	4. DATE OF DEATH	Octobe		Doy 2	Yeor 19 58
5. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED		March			9. AGE (In years last birthdoy) 90 yrs.	Months D	YEAR IF UN	
Housework	ing life, even it refired	lone 10b.	KIND OF BUSINESS OF Home	INDUSTR		tria	or foreign co	ountry)		EN OF WH	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S						
Paul B		crea la		[17 11 17		a Sebe	sty				
(Yes, no or unknown) (i	If yes, give wor or dates of s	rvice)	social security no.		ormant 's. Fan	nie Qu	idas,	Preston		land, F	UFD
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which mediate	C	e for (o), (b), and (c).] ardiac eight 14	L. em	econ	per gis	seli	•		INTERVAL ONSET AN	
lying couse lost. PART II. OTH	(c)	Je ons c	Alkalized ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO	Crace THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PERI	S AUTOPSY FORMED?
20g. ACCIDENT WAS	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	Enter noture o	f injury in P	art I or Part	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yec	20d. IN While at work	Not while	Oe. PLACI	E OF INJURY (y, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	(Cou	unty)	(Stote)
alive on	Harold B.	B/	Terming.		ccurred at	4 A. estr	M, from	the couses of th	nd on the	dote sto	ted above
220. BURIAL, CREMATION REMOVAL (Specify) Burial		F	22c. NAME OF CEMET Junior Ord				22d. LOCAT	ION (City. town, o			ote)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS eralsburg,			24a. REC'D	BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	ATURE	

CERTIFICATE OF DEATH CONTRACTOR OF THE PARTY OF THE WILLIAM COMMENT AND MINISTER CONTINUE